tion and from premature labour are considered, and their appropriate treatment presented.

"The remaining class of cases in which there are conditions interfering with dilatation of the os in labour, are those depending upon the relation of the presenting mass to the pelvic brim; the cases in which, although the labour-pains are vigorous and regularly recurring, and the os soft and dilatable, the fœtus, being prevented from dipping down into the pelvic excavation, cannot impinge upon the rim of the os, and necessarily cannot act mechanically in effecting its dilatation. These may consist either (1) of cases in which there is a want of correspondence in the measurement of the pelvis and of a normally presenting fœtus (*i. e.*, where there is a large fœtus, or a small pelvis), or (2) of those in which, with ordinary size of both, the fœtus may be unfavourably placed for entering the brim."

Omitting cases of mal-presentation, as well as those of marked pelvic or fœtal deformity, the essential treatment Dr. Smith advises is the application of the forceps, which should be applied as soon as the os is sufficiently dilated. He especially dwells upon the value of this instrument for effecting complete flexion in occipito-posterior position.

We have now completed the review of Dr. Smith's very interesting and valuable contribution to obstetrics, and yet we cannot close without a gentle protest against the form and type. Bourgeois is not pleasant for the eyes, at night especially, while an 18mo. is an exceedingly inconvenient form for preservation. A pamphlet of this size may wait in a physician's office almost a lifetime before enough of like linear riches may be added to it to make a volume for binding. The importance of the subject and the ability of its discussion demanded a pamphlet of better appearance than this; a pamphlet handsome in form, easy of reading and of preservation. T. P.

ART. XXIX.—*A Clinical Guide to the Diagnosis, Treatment, and Prevention of Venereal Diseases.* By S. ENGELSTED, M.D., Physician-in-chief to the City Hospital and Clinical Teacher at the University of Copenhagen. 8vo. pp. 489. Copenhagen (Denmark): Reitzel. 1877.

THE author of this treatise was one of the delegates sent by the Medical Society of Copenhagen to the International Medical Congress held at Philadelphia in 1876, and he has paid us the compliment to dedicate the present work to his "friends in America."

Dr. Engelsted has, with short interruptions, been attached to the City Hospital of Copenhagen for nearly thirty years, and has for the last fifteen years been sole physician-in-chief to the service for syphilis and skin diseases in that large institution. He formerly published several minor works, such as *On Constitutional Syphilis*, *On the Means of Checking the Spread of Venereal Diseases*, *Clinical Studies on Diseases of the Skin and Venereal Diseases*, which have been translated into German. In the present work he has united the experience gained by an extensive public and private practice during many years and under circumstances highly favourable to exact observation. We regret that it is written in a language that is understood by so very few among the profession in this country, and hope that the day may come when we may refer our readers to an English translation; for we do not doubt that, although our own literature has produced prominent works on the same subject, they would be pleased by reading it, and would often return to it for advice. It is quite an original work, and a highly practical one. Throughout the book the author tells very little

about what he has read, but states what he has seen. There is very little theory in it, and while he does not advance any new theory himself, he does not adhere blindly to any of those of his predecessors. Thus, after having briefly stated the two doctrines about unity and duality, he says:—

"Both doctrines are in array; both parties declare that there can be no doubt about which doctrine is the right one. Having been warned by the theoretical discussion in regard to the difficulties that may meet us, we had better, in practice, consider every local lesion after possible contact with syphilis, that is to say after impure coitus, as being possibly the initial symptom of that disease. Daily experience shows us that syphilis does not always begin with an induration, but may be introduced by a soft ulcer or a seemingly inconsiderable fissure. However readily, from a clinical standpoint, we may embrace the dualistic doctrine, we ought never to go so far as to say about a venereal ulcer (soft chancre, or chancroid) that it cannot be followed by syphilitic symptoms, for by so doing we shall sometimes be mistaken, and give our patients unreliable advice. On the other hand, one is forced to admit that the venereal ulcer in its total aspect and development has characters so well marked, that it is not only justifiable but wise to separate it as a distinct form of disease in the clinical description. This view is strongly corroborated by the consideration of the phagedenic (serpiginous) form of this ulcer, which, during three, four, seven years, or still longer, may retain the same character and the same inoculability on the same individual and on others; which constitutes a local lesion, increasing by autoinoculation, not influenced either by mercury or by iodide of potash, but certainly curable by energetic local treatment; which, when once healed, does not break up again, and which, at least as far as my experience goes, never occasions constitutional syphilis."

The practical sense of the author influences even his nomenclature. He says that the term *condyloma*, much used by English and German writers, has given rise to great confusion, and advises, therefore, to give it up altogether, and only use the two unequivocal terms *vegetations* for the acuminate, non-syphilitic growths especially found with balanoposthitis and gonorrhœa, and *mucous papules* (mucous patches) for the so-called large condylomata which constitute a syphilitic eruption.

He gives complete statistics of the 18,322 cases of venereal diseases he has treated in the new City Hospital from 1864 to 1876. 3463 had venereal ulcer (chancroid), 7424 syphilis, and 7435 gonorrhœa. In the course of the work he generally confines himself, for statistical purposes, to one thousand of every affection, such as syphilis, gonorrhœa, and epididymitis.

On the skin of persons suffering from syphilis are often found large bluish or lead-coloured spots. They seem to be a little depressed, do not vanish on pressure, and resemble completely what English pathologists have called the *mulberry rash*, and regarded as characteristic of typhus fever. They are most frequently situated on the thighs, the loins, and the lower part of the abdomen. But these lead-coloured patches have also been observed in individuals who were only affected with gonorrhœa, or who had no venereal affection at all. As the author has never found them without finding morpions (pediculi pubis) on the same individual, he thinks that they are only due to the presence of these animals. When the parasites are destroyed by shaving or other means, the rash disappears gradually.

The appearance of *mucous patches* is much influenced by acrid secretions and want of cleanliness. They are therefore more frequent in women than in men, and again much more frequent in those who are not under public supervision. He has found them nine times more frequent in this class than in those who are under such control. As second (repeated) eruption, mucous patches at the anus and genitals are found more than six times as frequently in women who are not under

public supervision as in those who are subject to regular examinations. In the mouth, on the contrary, they are found more than six times as frequently in those under public supervision. The cause of this difference is probably that smoking is more common among prostitutes than among the other class (servant girls, seamstresses, etc.), whilst, on the other hand, the former are obliged to observe more personal cleanliness.

White spots in the mouth (scaly patches, thickening of the epithelium) are sometimes found in persons who are not infected with syphilis.

The chapter on *General Paralysis* is very interesting. The author does not give his own opinion, but relates the results of a pupil of his, Dr. Jespersen, who found syphilis in the history of 77 per cent. of 123 cases of paralysis treated in the Lunatic Asylum of the city of Copenhagen, although attention had not been called to the relation between the two diseases when the histories were written. Jespersen examined himself 34 patients, and proved syphilis in 33, and the thirty-fourth had had ulcers on the genitals. 92 of the 123 had ideas of grandeur. The intellect is always weakened. Spells of mania are common, but always short. Kleptomania was found in eight. The paralysis is general, progressive, and incomplete. Not a single case was cured. On an average the patients died ten months after their admission into the hospital. Some of them lived five years.

The author maintains the *difference between tertiary syphilis and scrofula*. The first is influenced by iodide of potash and in part by mercury, the second not. Patients with tertiary syphilis are almost never re-infected, so as to present induration, mucous patches, etc., whilst recent syphilis is found very frequently in patients with marked scrofulous symptoms.

The chapter on *inherited syphilis*, comprising thirty pages, is full of interest. Syphilitic women often bear many children, but the vitality of the offspring is very small. Abortions are frequent (117 in 256 pregnant women with syphilis), especially in the seventh month (39) and in the third (30). Out of 128 children of syphilitic mothers, 58 were still-born, and 53 died within a year. The author warns us against those who, prejudiced by theories, pretend that inherited syphilis is not contagious. "In lying-in asylums, in hospitals, as well as in private practice, every day brings new evidence that children of syphilitic mothers may be born with undoubted symptoms of syphilis, and evidence is not wanting that syphilis may be communicated from these children, in whom it is congenital, to other individuals." The stage of the mother's disease has much influence on the child. He has seen no small number of women with considerable *tertiary* symptoms on the skin, the mucous membranes, and in the bones, give birth to healthy children, who have continued healthy afterwards. Women who have symptoms of *secondary* syphilis at the time of their confinement, almost inevitably give birth to children who have or will show symptoms of syphilis, even if their mothers have first acquired syphilis during pregnancy. Exceptions from this rule are rare. Women with *latent* syphilis often bear syphilitic children one after another for an indefinite time until tertiary symptoms appear, when the prognosis for the child is much better. Sometimes women with latent syphilis give alternately birth to syphilitic and to non-syphilitic children, which is a corroboration of Virchow's theory, according to which the blood is not permanently infected, but the virus is deposited in deep organs, from which, from time to time, it is again brought into circulation. It is very doubtful if the fœtus can be infected from the father, without the mother being first infected. The symptoms of syphilis that later appear in the apparently healthy mother are, as a rule, characteristic of later eruptions, such as grouped papules, deep ulcerations, and the like. This seems to indicate that the mother has been syphilitic for some time, and that the earlier

affections have been overlooked or have been latent. This view is also corroborated by the experience of every day, which shows that a mother who has given birth to a syphilitic child is not infected by nursing it, even if she has no symptoms of syphilis, and is not known to have had any; whilst another woman without syphilis, as a rule, will not escape infection by nursing it. If men marry whilst they present symptoms of syphilis, the result is generally that they infect their wives and beget syphilitic children. The same happens often if they marry a short time after the disappearance of manifest symptoms. On the other hand, syphilis is rarely communicated to the wife or to the children if the husband has been entirely free from symptoms say for two years. This experience corroborates the view that the husband's role in regard to inherited syphilis is merely to infect the wife; whilst she, by localizations in the womb, or in other unknown ways, may continue to be the cause of infection in the children. The symptoms of inherited syphilis may be found at birth, but they appear commonly between the second and the twelfth week. They have always the character of later eruptions. Generally the efflorescences are grouped (secondary forms), but gummatous growths (tertiary forms) may be found even a few weeks after birth. Syphilis appeared in almost one-half of the cases within the first month, in three-quarters within the end of the second, and in nine-tenths within the end of the third month.

Mucous patches are a very important diagnostic sign. They are never well developed in inherited syphilis, whilst they are one of the most common signs of acquired syphilis in children. Likewise the lymphatic glands are generally not swollen in inherited syphilis, whilst in children with acquired syphilis the swelling is commonly very marked. Children who are born with syphilis die generally within a week; of those in whom it appears several weeks after birth, some are cured. Of 243 treated in the hospital, 137 or 56.4 per cent. died. Acquired syphilis in children almost never causes death. So-called *tardive* syphilis, tertiary symptoms appearing at the second dentition or at puberty, is probably a new eruption in individuals who have had inherited syphilis in infancy.

Against the antimercurialists, who pretend that destructive forms are due either to the combined mercurial and syphilitic dyscrasia, or to syphilis in a body ruined by syphilis, the author contends that *the worst syphilitic affections may be found in individuals who have never taken mercury.* Of 7424 individuals with constitutional syphilis treated from 1864 to 1876 in the hospital, 493 had grave and destructive symptoms without having undergone any mercurial treatment. As the destructive symptoms generally first appear later, he has separated those suffering from repeated eruptions, of which there were 1561. Of these 263 or 16.7 per cent. had grave affections without having taken mercury.

In *gonorrhœa* he advocates injections. He thinks that it prevents the formation of stricture, since the latter affection seems to be much rarer now, when the physician tries to shorten the course of the inflammation as much as possible by injections than formerly, when, in compliance with the doctrine of the humoral pathology, he was afraid to stop the gonorrhœa. He denies that it gives rise to epididymitis, which occurs rarely under the use of injections, and which, when it appears, is not at all rendered worse by continuing them. He denies also that they give cystitis unless an uncommonly large syringe be used, or several small ones in succession. If the discharge is purulent, he uses at once an injection of nitrate of silver (ten grains to the ounce). After that the patient injects, four times a day, sulphate of zinc (a scruple to eight ounces).

The last chapter treats of the *means of preventing the spread of venereal diseases.* In this are found all the regulations and laws concerning the subject in Denmark. Most important of all measures are regular examinations of prostitutes

They are practised twice a week in Copenhagen. The immense benefit derived for the public from them is shown statistically by comparing the result of the examinations in those who are under regular control, and in other women who are not under control, but are occasionally arrested by the police on suspicion of prostitution. In the latter class venereal affections were found more than ten times as frequently as in the former. As Dr. Engelsted read this last chapter before the International Medical Congress at Philadelphia, it may be found in the recently-published transactions of that body. H. J. G.

ART. XXX.—*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. XVI. *Diseases of the Locomotive Apparatus, and General Anomalies of Nutrition.* By Prof. H. SENATOR, of Berlin; Prof. E. SEITZ, of Giessen; Prof. H. IMMERMANN, of Basel; and Dr. BIRCH-HIRSCHFELD, of Dresden. ALBERT H. BUCK, M.D., of New York, editor of American edition. 8vo. pp. xii. 1060. New York: William Wood & Co., 1877.

THE appearance of a sixteenth volume of this important work shows that the editor has been obliged to abandon the intention, announced in the prospectus, of issuing it in fifteen volumes, it having already outgrown the proportions originally marked out for it No doubt this change has been rendered necessary by the diffuseness of some of the gentlemen who have been engaged to write the various articles for it, some of which are certainly treated of at greater length than their importance would seem to demand. For instance in the present volume, Immermann devotes over 130 pages to the discussion of corpulence, a condition troublesome enough, it is true, if it be excessive, but one for which the physician is rarely called upon to prescribe. His articles on Anæmia and Chlorosis are also long, together occupying 320 pages. On the other hand, Senator's articles on the Diseases of the Locomotive Apparatus, which seem to us sufficiently full and elaborate, and which include descriptions of the different varieties of rheumatism, gout, rheumatoid arthritis, rickets, and malacosteon or mollities ossium, do not take up much more space than that, which, as we have already said, is assigned to corpulence.

Senator in his article on Acute Rheumatism, when speaking of the pathogeny of the disease, alludes to a theory with which many of our readers are probably unacquainted. It appears to have been originally advanced by Pfeufer, but has been especially advocated by Hueter. In the opinion of these gentlemen, endocarditis so far from being a complication of rheumatism, is really to be regarded as the cause of the joint affection, which they believe results from embolism by particles of extreme minuteness washed off from the endocardium of the left ventricle. They contend that endocarditis may be present without giving rise either to subjective or objective symptoms, and that, therefore, it may be assumed to exist even in those cases of rheumatism which appear to run their course without cardiac complication. Even if we were to grant that endocarditis may exist without giving indications of its presence, and that it not only occurs in every case, but precedes the joint affection, it is impossible to understand why these minute emboli should be impacted only in the vessels of the synovial membranes, and never, or hardly ever, in those organs which are primarily, and most frequently exposed to the chances of embolism in other forms of endocarditis, viz., the spleen, kidneys, brain, retina, bowel, etc. But unless we are to attach less